

[illegible]

<b>3</b>	<b>Business Address (street, route or highway - NOT P.O. Box or general delivery)</b>

4

Name of Device		Type of Device		Location of Device	
Code Number			For Office Use Only: Sub-Code	0 0	Amount Due
Name of Device		Type of Device		Location of Device	
Code Number			For Office Use Only: Sub-Code	0 1	Amount Due
Name of Device		Type of Device		Location of Device	
Code Number			For Office Use Only: Sub-Code	0 2	Amount Due

<b>5 Total Amount From Supplement(s) To Schedule C</b>						

[illegible]

Annual Operator's License Fee (in lieu of amusement tax)																							
	Type of Rides/Devices	Number of Rides/Devices						Code Number								Amount Due							
A	Mechanical rides or devices, fun houses, mirror mazes or any other amusement rides or devices (operating more than six (6) months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
B	Mechanical rides or devices, fun houses, mirror mazes or any other amusement rides or devices (operating six (6) months or less)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
C	Arcade with coin-operated machines operated as a single unit under one roof on a seasonal basis of six (6) months or less	N/A				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
D	Owners of coin-operated machines or music machines, specifically phonograph, bowling games, shuffle alleys, pinball games, mechanical baseball games and all other types of coin-operated amusement games	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	

[illegible]

**9 Total Amount Due For Coin-Operated Mechanical/Electronic Device License Tax And Annual Operator's License Fee**

Add Number 6 and Number 8 then enter the total amount here  
and on Number 13 of Schedule A

**10 Individuals Financing Your Business: (video draw poker owner(s)/operator(s) only)**  
(List names, addresses and telephone numbers)

11	<b>Character References: (video draw poker owner(s)/operator(s) only)</b> (List names and addresses of three (3) persons other than relatives, employers or business suppliers.)

12 If you conduct a similar business in the City, describe the nature and location of the business: (video draw poker owner(s)/operator(s) only)



For Office Use Only: Account Number										Date of Application		Month	Day	Year
Trade Name of Business														
Business Address (street, route or highway - NOT P.O. Box or general delivery)														
Supplement to Schedule C Number 4 Coin-Operated Mechanical/Electronic Device License Tax														
Name of Device					Type of Device					Location of Device				
Code Number					For Office Use Only: Sub-Code					Amount Due				
Name of Device					Type of Device					Location of Device				
Code Number					For Office Use Only: Sub-Code					Amount Due				
Name of Device					Type of Device					Location of Device				
Code Number					For Office Use Only: Sub-Code					Amount Due				
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